

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1967
Registrar's No. 50

Registration District No. 89

Primary Registration District No. 5131

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether)
In this community — years, months or days

3. (a) PRINT FULL NAME NANCY SCHLAUTTERBECK

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ALFRED SCHLAUTTERBECK 6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased MAY 10 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 9 If less than one day hr. — min. —

9. Birthplace VINCENNES IND (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

MOTHER FATHER { 12. Name GEORGE ARNEY
13. Birthplace VA (City, town, or county) (State or foreign country)
14. Maiden name RACHEL COLLOP
15. Birthplace VA (City, town, or county) (State or foreign country)

16. (a) Informant Charles Schlautterbeck
(b) Address P.O. Box, Dulin Mo

17. (a) — (b) Date thereof — (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Dulin cem

18. (a) Signature of funeral director M. J. Phelps C/11
(b) Address Poplar Bluff Mo
19. (a) 2/3/41 (b) Noted Suty (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. 2 MI N.W. DULIN (If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1941 hour 4 minute 15.9 M.

21. I hereby certify that I attended the deceased from Jan 15, 1941, to Jan 17, 1941; that I last saw her alive on Jan 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronch. Pneumonia Duration 5 days

Due to Bronch. Pneumonia

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ Of autopsy ✓ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Scott Cook (M. D. or other) —
Address Dulin Mo Date signed 1/17-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

W. J. Phelps

Licensed Embalmer No. *3231*

P. O. Address.....

Poplar Bluff mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.